FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:21

DOCUMENT # N12939 (7)

1. Corporation Name

THE HEART AND LUNG INSTITUTE AT ST. VINCENT'S, I NC.

Principal Place of Business	Mailing Address
1801 BARRS STREET, SUITE 5747 P.O. BOX 40341 JACKSONVILLE FL 32204	1801 BARRS STREET, SUITE 5747 P.O. BOX 40341 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2755423 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GRIMM, WENDY S
1801 BARRS STR
STE 5747
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~SNYDER, DREW~~	1.2 NAME	John W. Logue	
STREET ADDRESS	~~1800 BARRS STREET~~	1.3 STREET ADDRESS	1800 Barrs Street	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VD	2.1 TITLE	VC/D	☒ Change ☐ Addition
NAME	WOLFE, KEVIN, M. D.	2.2 NAME		
STREET ADDRESS	1800 BARRS STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	~~PD~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~DEVANEY, EVERETT M~~	3.2 NAME		
STREET ADDRESS	~~1801 BARRS STR, STE 5747~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	BONFILI, TONI	4.2 NAME		
STREET ADDRESS	1800 BARRS STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	SALCEDO, ERNESTO	5.2 NAME		
STREET ADDRESS	1801 BARRS STR, STE 220	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	VP/D	☐ Change ☒ Addition
NAME		6.2 NAME	Steven Krawtz, M.D.	
STREET ADDRESS		6.3 STREET ADDRESS	1800 Barrs STreet	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32204	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W. Logue, President John W. Logue 904/387-7492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #